

EPA		EXAS DEPARTMENT OF HEALTH		REGION	SITE NUMBER (to be assigned by HQ)
POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT				6	TX 98048
<p>NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.</p> <p>GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-TSF); 401 M St., SW; Washington, DC 20460.</p>					
<p>SECTION I: IDENTIFICATION TXD 98048 97072</p>					
A. SITE NAME		B. STREET (or other identifier)			
Miles Road Landfill Site-#05/50586		Miles Road, 1/2 mile NW of Castle Dr., NE side			
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME of road		
Garland	TX	75040	Dallas 113		
G. OWNER/OPERATOR (if known)				H. TELEPHONE NUMBER	
1. NAME owner: Vaughn McCallum, RFD 2, Rowlett, TX				ph: 214/475-2912	
operator: City of Garland				ph: 214/494-7100	
I. TYPE OF OWNERSHIP					
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
J. SITE DESCRIPTION					
This site was used as the city landfill from February 1973 to June 1975. No liquid or hazardous waste accepted at this site. Only municipal solid waste was accepted.					
K. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)				L. DATE IDENTIFIED (mo., day, & yr.)	
North Central Texas COG				9/23/80	
M. PRINCIPAL STATE CONTACT				N. TELEPHONE NUMBER	
1. NAME				2. TELEPHONE NUMBER	
J. L. Hunt, PE				512/468-7271	
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM					
<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION					
<input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. TENTATIVELY SCHEDULED FOR <input type="checkbox"/> 5. WILL BE PERFORMED BY: <input type="checkbox"/> 6. WILL BE PERFORMED BY:					
C. PREPARER INFORMATION					
1. NAME		2. TELEPHONE NUMBER		3. DATE (mo., day, & yr.)	
Rex H. Hunt		817/460-3032		02/24/81	
III. SITE INFORMATION					
A. SITE STATUS					
<input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in low quantity.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):					
B. IS GENERATOR ON SITE?					
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):					
C. AREA OF SITE (in acres)		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES			
45		1. LATITUDE (deg.-min.-sec.) 32°57' 2. LONGITUDE (deg.-min.-sec.) 96°36'			
E. ARE THERE BUILDINGS ON THE SITE?					
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):					

RECEIVED BY (signature) DATE 5/15/81

Continued From Front

V. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1 RAIL	<input checked="" type="checkbox"/> 1 RILE	<input checked="" type="checkbox"/> 1 FILTRATION	<input checked="" type="checkbox"/> 1 LANDFILL				
<input checked="" type="checkbox"/> 2 SHIP	<input checked="" type="checkbox"/> 2 SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2 INCINERATION	<input checked="" type="checkbox"/> 2 LANDFARM				
<input checked="" type="checkbox"/> 3 BARGE	<input checked="" type="checkbox"/> 3 DRUMS	<input checked="" type="checkbox"/> 3 VOLUME REDUCTION	<input checked="" type="checkbox"/> 3 OPEN DUMP				
<input checked="" type="checkbox"/> 4 TRUCK	<input checked="" type="checkbox"/> 4 TANK ABOVE GROUND	<input checked="" type="checkbox"/> 4 RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4 SURFACE IMPOUNDMENT				
<input checked="" type="checkbox"/> 5 PIPELINE	<input checked="" type="checkbox"/> 5 TANK BELOW GROUND	<input checked="" type="checkbox"/> 5 CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5 MIDNIGHT DUMPING				
<input checked="" type="checkbox"/> 6 OTHER (specify):	<input checked="" type="checkbox"/> 6 OTHER (specify):	<input checked="" type="checkbox"/> 6 BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6 INCINERATION				
		<input checked="" type="checkbox"/> 7 WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7 UNDERGROUND INJECTION				
		<input checked="" type="checkbox"/> 8 SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8 OTHER (specify):				
		<input checked="" type="checkbox"/> 9 OTHER (specify):					

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

This site was used only for disposal of municipal solid waste. No hazardous or liquid waste was disposed of in this site.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1 UNKNOWN ☐ 2 LIQUID ☒ 3 SOLID ☐ 4 SLUDGE ☐ 5 GAS

B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☐ 2 CORROSIVE ☐ 3 IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☒ 10 OTHER (specify): municipal solid waste

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

no records available

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
				67000	
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
				tons	
<input checked="" type="checkbox"/> 1 PAINT PIGMENTS	<input checked="" type="checkbox"/> 1 OILY WASTES	<input checked="" type="checkbox"/> 1 HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 1 ACIDS	<input checked="" type="checkbox"/> 1 FLYASH	<input checked="" type="checkbox"/> 1 LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> 2 METALS SLUDGES	<input checked="" type="checkbox"/> 2 OTHER (specify):	<input checked="" type="checkbox"/> 2 NON-HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 2 PICKLING LIQUORS	<input checked="" type="checkbox"/> 2 ASBESTOS	<input checked="" type="checkbox"/> 2 HOSPITAL
<input checked="" type="checkbox"/> 3 POTW		<input checked="" type="checkbox"/> 3 OTHER (specify):	<input checked="" type="checkbox"/> 3 CAUSTICS	<input checked="" type="checkbox"/> 3 MILLING/ MINE TAILINGS	<input checked="" type="checkbox"/> 3 RADIOACTIVE
<input checked="" type="checkbox"/> 4 ALUMINUM SLUDGE			<input checked="" type="checkbox"/> 4 PESTICIDES	<input checked="" type="checkbox"/> 4 FERROUS SMELTING WASTES	<input checked="" type="checkbox"/> 4 MUNICIPAL
<input checked="" type="checkbox"/> 5 OTHER (specify):			<input checked="" type="checkbox"/> 5 DYES/INKS	<input checked="" type="checkbox"/> 5 NON-FERROUS SMELTING WASTES	<input checked="" type="checkbox"/> 5 OTHER (specify):
			<input checked="" type="checkbox"/> 6 CYANIDE	<input checked="" type="checkbox"/> 6 OTHER (specify):	
			<input checked="" type="checkbox"/> 7 PHENOLS	<input checked="" type="checkbox"/> 7 OTHER (specify):	
			<input checked="" type="checkbox"/> 8 HALOGENS	<input checked="" type="checkbox"/> 8 OTHER (specify):	
			<input checked="" type="checkbox"/> 9 PCB	<input checked="" type="checkbox"/> 9 OTHER (specify):	
			<input checked="" type="checkbox"/> 10 METALS	<input checked="" type="checkbox"/> 10 OTHER (specify):	
			<input checked="" type="checkbox"/> 11 OTHER (specify):	<input checked="" type="checkbox"/> 11 OTHER (specify):	

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

As this site accepted only municipal solid waste and as adequate access control and operational control was exercised by the city, no hazardous waste problem is anticipated.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	XXXX			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEVER. STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

000117

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

NONE

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below): _____

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

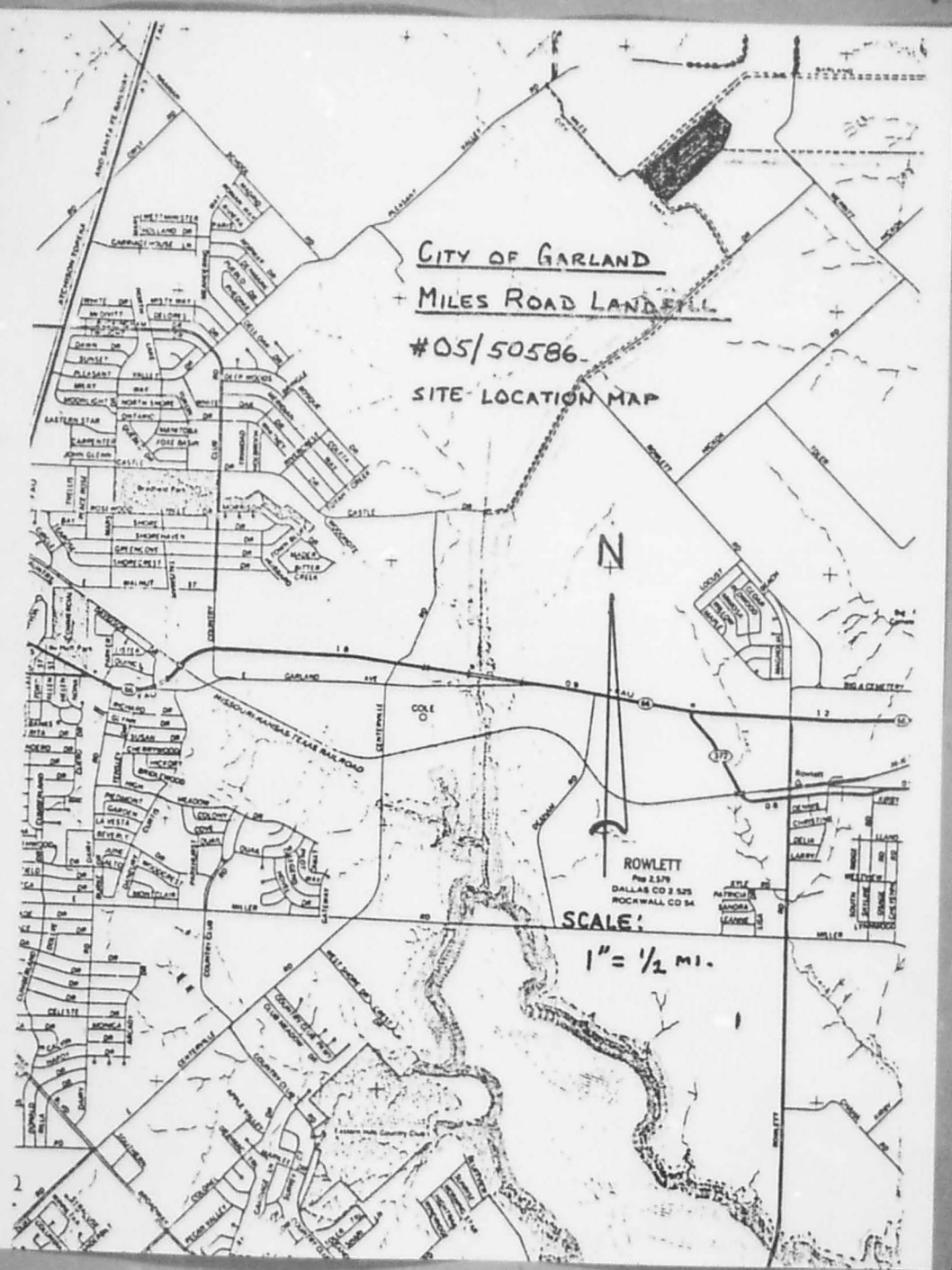
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



CITY OF GARLAND

MILES ROAD LANDFILL

#05/50586

SITE LOCATION MAP

N

ROWLETT

Pop 2,579
DALLAS CO 2,525
ROCKWALL CO 54

SCALE:

1" = 1/2 MI.